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SUBJECT:	MIA CAKE HOUSE DE	, , , , , , , , , , , , , , , , , , ,			
		3 L.L.C.			
Sobstituting		Name of Lim	nited Liability Company		
The enclosed	Articles of Amendment	and fee(s) are sub	omitted for filing.		
Please return a	ill correspondence conc	erning this matter	to the following:		
	YVETTI	ERASHID			
	Name of Person UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC.				
	2691 E C	OAKLAND PARE	Firm/Company K BLVD SUITE 302		
	FORT L.	AUDERDALE, F	Address L 33306		
	INFO@U	NIVERSALACC	City/State and Zip Code OUNTINGFINANCIAL.COM		
			to be used for future annual report no	otification)	
YVETTE RA	ormation concerning thi SHID	s matter, please c	all: 954 728-8982		
	Name of Person		at () Area Code Dayti	ime Telephone Number	
Enclosed is a	check for the following	amount:			
■ \$25.00 Fi		Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIA CAKE HOUSE DB LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/13/2018}{1}$ and assigned Florida document number <u>L1800028646</u>7 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IUSIM OSTROW. JAVIER	3788 WEST HILLSBORO BLVD	
		DEERFIELD BEACH, FL 33442	
			□ Remove
			■ Change
MGR	SILER ZYTNER, SHEILA	3788 WEST HILLSBORO BLVD	
<u> </u>		DEERFIELD BEACH, FL 33442	D Add
			Remove
			Remove
	 	Change	
		Remove	
		Change	
			Remove
			Change
			Add
			□ Remove
			☐ Change

	RESIDENT. HE FOLLOWING CORRECTION NEEDS TO BE MADE:
	AVIER IUSIM OSTROW FROM PRESIDENT TO MANAGER
S	HEILA SILER ZYTNER FROM VICE PRESIDENT TO MANAGER
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ecti	ve date if other than the date of filing: (ontional)
elle	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ont's effective date on the Department of State's records.
гес	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
he	
	DECEMBER 18 , 2018
	DECEMBER 18 , 2018
	DECEMBER 18, 2018 JAWEST (Strow) Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00